

DOCUMENTATION FOR DETERMINING SOILEACH AND SOILRUN FOR
PESTICIDE AND NUTRIENT MANAGEMENT

Cooperator Name: _____

County: _____

Tract No: _____

Sheet ____ of ____

Field No. (s)	Soil Type	Soil Leach Rating	Soil Runoff Rating	Jobsheet Number Selected	Comments

Prepared by: _____

Date Prepared: _____